FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000050403 (3)

S K ENTERPRISES OF NORTH FLORIDA, INC.

						HI
Principal Place of Business Mailing Address					ı ingiliğiki iriğ (gran ililir anili düril a	niil Bâsat Atiti Abert Alfil Baida litt fabi
1521 WEST WASHINGTON STREET 1521 WEST WASHINGTO OUINCY FL 32351 OUINCY FL 32351			on street		DO NOT WRITE	E IN THIS SPACE
					3. Date Incorporated or Qualified 07/01/1993	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		26			59-3159749	Not Applicable
Sulte, Apt. #, etc. Sui 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		8. This corporation owes or has pa Personal Property Tax due June	30. 🗗 Yes 🗌 No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
RE	EDDICK, HILLIARD R		81	Name		
104-A NORTH ADAMS STREET QUINCY FL 32351			82	Street Addr	lress (P.O. Box Number is Not Acceptable)	
			83	<u> </u>		
			84	City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligat	and 607.1508, Florida Statu f Florida, Such change was ions of, Section 607.0505, Fl	tes, the above authorized b orida Statute	re-named corp by the corporat	poration submits this statement for the pricion's board of directors. I hereby acceptions	ourpose of changing its registered pt the appointment as registered
SIGNATURE	_				•	
	Signature, typed or printed name of registered agont			iuper erutsogia (ne	red when reinstaling)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PT COUNTY	☐ DELETE	1.1 TITLE			Change Addition
NAME	SUBER, JOHN W		1.2 NAME			
STREET ADDRESS	1521 W. WASHINGTON ST.		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	QUINCY FL 32351		1.4 CITY -	ST-ZIP		
TITLE	I		2.1 717LE	-		Change Addition
NAME	SUBER, W H		22 NAME			
STREET ADDRESS	1521 W. WASHINGTON ST.		2.3 STREE	T ADDRESS		ļ
CITY-ST-ZIP	QUINCY FL 32351		2. 4 CITY	ST-ZIP		
TITLE	VPAS	L DELETE	3.1 TITLE	ļ		☐ Change ☐ Addition
NAME	WILLIAM M. SUBER		3.2 NAME	İ		
STREET ADDRESS	1521 W WASHINGTON ST		3.3 STREE	T ADDRESS		l
CITY-ST-ZIP	QUINCY FL	<u></u>	3.4. CITY-	ST-ZIP		
TITLE	DELETE 4:		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			1	T ADDRESS		Ì
CITY-ST-ZIP			5.4 CITY-1			1
TITLE	<u> </u>	DELETE	6.1 TITLE	- 4.11		Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

62 NAME

4/11/90

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Apr 29 1998 8:00am

Secretary of State

T K**adalada** an**a adroa** arkai **ad**am **ad**iki **ad**am adada daliki berka dibak adam akka abad